

## TRANSCRIPT ORDER

1. NAME Brian Enos		2. EMAIL brian.enos@usdoj.gov		3. PHONE NUMBER 559/497-4000		4. DATE 7/23/2021	
5. MAILING ADDRESS 2500 Tulare Street Suite 4401				6. CITY Fresno		7. STATE CA	8. ZIP CODE 93721
9. CASE NUMBER 1:21-cr-00022-NONE-SKO		10. JUDGE DAD		DATES OF PROCEEDINGS			
				11. FROM 6/11/2021		12. TO 6/11/2021	
13. CASE NAME US v Nathan Daniel Larson				LOCATION OF PROCEEDINGS			
				14. CITY Fresno		15. STATE CA	
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTION(S)		DATE(S)	REPORTER	PORTION(S)		DATE(S)	REPORTER
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specific Witness)			
<input type="checkbox"/> ENTIRE TRIAL							
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> MOTION HEARING				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> STATUS HEARING				Motion for Competency		6-11-2021	Karen Hooven
<input type="checkbox"/> CHANGE OF PLEA							
<input type="checkbox"/> PRE-TRIAL PROCEEDING							
18. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE /s/ Brian Enos				PROCESSED BY			
20. DATE 7/23/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			